



**SC DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF LANDSCAPE ARCHITECTURAL EXAMINERS
SYNERGY BUSINESS PARK, KINGSTREE BUILDING
110 CENTERVIEW DRIVE (29210)
P.O. BOX 11419, COLUMBIA, SC 29211-1419
EMERITUS LANDSCAPE ARCHITECT APPLICATION**

NAME: _____ **LICENSE #** _____

PLEASE ENTER YOUR CONTACT INFORMATION:

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

CERTIFICATION STATEMENT:

EMERITUS LANDSCAPE ARCHITECT. I certify that I am 65 years old or older, have been licensed as a landscape architect for 10 consecutive years and am retired from active practice as a landscape architect. As an Emeritus Landscape Architect, I understand that I may not provide ANY landscape architectural services at all, nor may I act as expert witness on landscape architectural matters or consult with clients, attorneys, or others as a landscape architect.

(Original Signature)

(Date)

Please return form to:

SC Department of Labor, Licensing & Regulation
Board of Landscape Architectural Examiners
110 Centerview Drive
Post Office Box 11419
Columbia, SC 29211-1419

If you have questions please contact:

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